

boration avec les siens, fut un supérieur qui accordait une confiance et un appui sans limites à ses subalternes et invitait le groupe à une efficacité toujours grandissante.

Il eut des initiatives fort heureuses dont la fondation de la Société Médicale de l'Outaouais qui réunissait les médecins de langue française de la Capitale, de la cité transpontine et de la région de la Gatineau. Une autre création du docteur Mantha lui revient, celle-là, à lui seul qui en imagina lui-même l'origine: le Dimanche du Médecin Praticien. Ces réunions du dimanche matin à l'Hôpital Général d'Ottawa, en présence du personnel d'autres hôpitaux, furent marquées par des enseignements sur une variété de sujets cliniques pratiques où entraient l'étiologie, la pathogénie, la symptomatologie, la sémiologie pour en arriver au diagnostic et au pronostic.

A cette époque, au bout de son terme de chef du département de médecine, le docteur Mantha laissa la médecine interne où il était débordé pour embrasser la spécialité de rhumatologie, qui, à ce moment, prenait beaucoup d'essor. Il assista à New York à un congrès international de rhumatologie et ce fut, à mon sens, pour lui ce qui confirma sa nouvelle décision. Depuis le choix de sa spécialité jusqu'à sa mort, le docteur Mantha se consacra corps et âme à l'étude de la rhumatologie et se dépensa énormément pour ses malades à son bureau, à l'hôpital et même au domicile des patients.

La culture professionnelle du docteur Mantha était grande et sa plume alerte a orné plusieurs revues d'articles intéressants, tant médicaux que paramédicaux.

Le docteur permuta à l'hôpital Saint-Vincent où il devient membre actif. Les autorités de cet hôpital rappellent que ce médecin fut un bon Samaritain pour les malades chroniques de cette institution.

Il y a deux ans, le docteur Mantha continuait régulièrement son service à l'hôpital Saint-Vincent mais certains jours, la force physique avait trahi son courage et les travaux avaient accablé sa frêle constitution.

Il fut forcé de prendre sa retraite et bientôt il dut brusquement cesser ses activités. Peu de temps après, lui-même était admis comme patient à l'hôpital Saint-Vincent et en peu de mois il est mort.

Il laisse le souvenir d'un médecin bien humain, dont l'humour et la compréhension étaient un levier pour le moral de ses patients et ses confrères qui perdent en lui un ami sincère.

A son épouse dont le dévouement fut exemplaire et à sa belle famille, nous exprimons nos plus sincères condoléances.

BERNARD FORTIER

## CORRECTION

In the obituary of Dr. Robert Gordon Stuart Arthurs (*Canad. Med. Ass. J.*, 100: 1112, 1969) it was stated in error that Dr. Arthurs was a member of the Canadian Urological Association. Dr. Arthurs was a member of The Canadian Neurological Association.

# BOOK REVIEWS

## LEGAL IMPLICATIONS OF EMERGENCY CARE.

Neil L. Chayet. 342 pp. Appleton-Century-Crofts, New York, 1969. \$6.95.

The reputation of this author, his experience and knowledge of medico-legal matters and his previous writings predispose one in favour of this book, and one's expectations are fulfilled. The book is well written, packed with information and easy to read.

Various aspects of emergency care are discussed, including the unfounded but widespread fears of doctors about giving assistance to victims of accidents. It is comforting to have the author's assurance that in the United States "there have been no reported cases in which an injured stranger administered to by a physician has sued the physician for malpractice"; and that "there is no need for the extraordinary protection which the Good Samaritan statutes purport to grant." One shivers with apprehension when one realizes all the legal information a doctor in the United States must weigh at the instant he is faced with the ethical duty of providing emergency care to the victim of an accident. It is distressing to learn that a doctor might justifiably feel he could not deal with an emergency because he happened not to be licensed in the place where the emergency presented itself to him.

In the chapter on "hospitals and emergency care" there is the disturbing implication that the standards laid down by accreditation boards and other supervisory organizations become "the standard by which the law judges the hospital" even if, as may be true, they can be for some hospitals no more than the ideal towards which the hospital should strive. The complexity in the United States of what constitutes consent for treatment, particularly in the context of emergency care, is well presented and one can only be grateful that the courts in Canada view consent quite differently; as long as the doctor has dealt fairly with his patient there is no insistence that a patient understand "all the risks inherent in the proposed procedure and he must understand completely the nature and extent of the procedure".

The size, the increasing size, of financial awards in the United States is discussed and the effect of these on the amount of malpractice insurance that must be carried by doctors is considered, as are two applications of the thinking: the doctor's exposure to personal ruin without it and the suggestion that knowledge of large coverage invokes large lawsuits. The tenor of discussion of "the hazards of abandonment" is actually frightening; though most of the decisions rendered in actions against doctors have been sensible, there can be equal amazement that doctors would do some of the things with which they are charged and that courts would reach some of the conclusions they did about others.

The contents are logically arranged. The index is helpful. In the seven appendices and their footnotes much information is compressed about various

State laws with an intimate bearing on medical practice.

For anyone who wishes to have knowledge of legal problems in the United States having to do with emergency care of patients the book will well repay reading. Canadian readers, however, though giving due consideration to the reasoning, should not accept all the conclusions since many of them are inapplicable in Canada because Canadian courts, dealing with the same problems, would be interpreting different laws, applying thinking arising from different customs, and would undoubtedly arrive at different decisions.

**RADIOISOTOPES IN MEDICINE: IN VITRO STUDIES.** Proceedings of a symposium held at the Oak Ridge Associated Universities, November 13-16, 1967. Edited by Raymond L. Hayes, Francis A. Goswitz and Beverley E. Pearson Murphy. 753 pp. Illust. U.S. Atomic Energy Commission. Copies available from Clearinghouse for Federal Scientific and Technical Information, National Bureau of Standards, U.S. Department of Commerce, Springfield, Va. \$3.00 paperbound.

This thirteenth in a series of publications by the U.S. Atomic Energy Commission has maintained the excellent standard of scientific documentation which one has come to expect in this series. It is a report of a symposium held at Oak Ridge, Tennessee, on November 13-16, 1967. In spite of the delay between the symposium and the publication of the book, it is still an excellent reference book on an important new field of medicine.

This book, like others in this series, tends to be specialized and is of value to those interested in the field. It has little general application, but would be of great value to libraries, researchers, and specialists in nuclear medicine.

**MODERN TREATMENT.** Vol. 5, No. 6—November, 1968. Treatment of Pain, edited by Richard I. H. Wang. Treatment of Neuropathies, edited by Robert J. Joynt. Cumulative Index, 1966-1968. pp. 1075-1342. Harper & Row, Publishers, Inc., New York, 1968. Bi-monthly publication. Subscription price: \$16.00 per year.

This issue contains two symposia, one on the treatment of pain and one on the treatment of neuropathies.

The first consists of a collection of articles on mild analgesics, potent analgesics, opiate dependence, regional block, postoperative pain relief, obstetrical analgesia and the neurosurgical management of pain. Some of these chapters, notably the last three mentioned, are excellent; they give succinct and sane advice on clinical management. Other chapters are not as good. In some there are errors of fact, as exemplified by a summary of the neurophysiology of pain in which it is stated that some pain impulses are conveyed to the central nervous system via the dorsal columns. In others there are errors of emphasis, as in the chapter on potent analgesics which contains three pages of structural formulas but dismisses in a single sen-

tence the topic of the ancillary use of barbiturates and phenothiazines in the relief of pain.

The second symposium deals with the treatment of traumatic, metabolic, toxic, drug-induced, deficiency, inflammatory, vascular and neoplastic neuropathies, and with the treatment of neuralgias and of Bell's palsy. Again, a few of these chapters, especially Van Allen's article on Bell's palsy, are extremely useful. Others, however, lack the value that they might have had with a more appropriate allocation of space. The important topic of bowel and bladder care is dealt with only cursorily; the subjects of "migrainous neuralgia", which is neither a neuralgia nor a neuropathy, and metachromatic leucodystrophy, a rare disease for which no specific therapy is available, receive three times as much discussion.

Despite these shortcomings, the symposia, if read carefully and critically, will provide the clinician with a useful survey of the treatment currently available for pain and for neuropathies.

**PULMONARY BLOOD VOLUME IN HEALTH AND DISEASE.** Paul N. Yu. 314 pp. Illust. Lea & Febiger, Philadelphia; The Macmillan Company of Canada Limited, Toronto, 1969. \$16.50.

This book deals exhaustively and somewhat exhaustingly with the many aspects of pulmonary blood volume and pulmonary capillary blood volume. The techniques of measuring these variables are dealt with in detail. There are chapters describing changes in blood volume in congestive heart failure, the effects of physiological, mechanical and chemical interventions and the effects of many pharmacological agents on the pulmonary blood volume.

Variations in the pulmonary capillary blood volume in health and in various diseases are described.

The book is very well referenced and has many tables and graphs. The style is factual, which makes for somewhat dull reading. However, this is an authoritative book which not only draws on the current literature but reflects the wide experience of the author. It is highly recommended for reference purposes.

**VIROLOGY MONOGRAPHS. 3. Cytomegalo-viruses—J. B. Hanshaw. Rinderpest Virus—W. Plowright. Lumpy Skin Disease Virus—K. E. Weiss. 130 pp. Illust. Springer-Verlag, New York, Inc., New York, 1968. \$8.50.**

The series of Virology Monographs is invaluable for virologists whether in the medical or veterinary field. The series is also of considerable interest to those interested in virology in general. This third volume contains three very complete and up-to-date reviews of one important human infection and two important veterinary infections.

Although the volume is unlikely to be of much general interest to physicians, it should find a place in the library of all medical and veterinary institutions and will be required reading for university teachers and others interested in this general area.